

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant(s) or agent's file reference
(if desired) (12 characters maximum)

MATI-239WO

Box No. I		TITLE OF INVENTION			
ULTRA WIDEBAND SCRAMBLER FOR REDUCING POWER SPECTRAL DENSITY					
Box No. II		APPLICANT		<input type="checkbox"/> This person is also an inventor.	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the Applicant's State (that is, country) of residence if no State of residence is indicated below.) MATSUSHITA ELECTRIC INDUSTRIAL CO., LTD. 1006, Oaza Kadoma, Kadoma-shi Osaka 571-8501 JAPAN				Telephone No. 011 81 6 6949 4542 Facsimile No. 011 81 6 6949 4547 Teleprinter No. Applicant's Registration No. with the Office	
State (that is, country) of nationality JP			State (that is, country) of residence JP		
This person is Applicant for the purposes of:		<input type="checkbox"/> all designated States	<input checked="" type="checkbox"/> all designated States <i>except</i> the United States of America	<input type="checkbox"/> the United States of America only	<input type="checkbox"/> the States indicated in the Supplemental Box
Box No. III		FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the Applicant's State (that is, country) of residence if no State of residence is indicated below.) MO, Shaomin Samuel 56 John Court Monmouth Junction, New Jersey 08852 United States of America				This person is: <input type="checkbox"/> Applicant only <input checked="" type="checkbox"/> Applicant and Inventor <input type="checkbox"/> Inventor only (If this check-box is marked, do not fill in below.) Applicant's Registration No. with the Office	
State (that is, country) of nationality US			State (that is, country) of residence US		
This person is Applicant for the purposes of:		<input type="checkbox"/> all designated States	<input type="checkbox"/> all designated States <i>except</i> the United States of America	<input checked="" type="checkbox"/> the United States of America only	<input type="checkbox"/> the States indicated in the Supplemental Box
<input checked="" type="checkbox"/> Further Applicants and/or (further) inventors are indicated on a continuation sheet.					
Box No. IV		AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on behalf of the Applicant(s) before the competent International Authorities as:				<input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) NIGON, Kenneth N. <input checked="" type="checkbox"/> RatnerPrestia, P.O. Box 980, Valley Forge, Pennsylvania 19482, United States of America <input type="checkbox"/> RatnerPrestia, P.O. Box 1596, Wilmington, Delaware 19899, United States of America				Telephone No. 610 407 0700 Facsimile No. 610 407 0701 Teleprinter No. Agent's Registration No. with the Office 31,549	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.					

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